

CAT. No.	QUANTITY MAXIMUM	GENERIC DESCRIPTION, USES AND RESTRICTIONS	AADL PRICE
		<ul style="list-style-type: none"> <li>• <b>Not</b> provided in general hospitals except as part of discharge planning</li> <li>• Authorizer: OT, PT, RN</li> <li>• Prescription Required: Yes. Must include the applicable chronic diagnosis and the specific support required. Must not include any Vendor or Manufacturer's advertising.</li> <li>• These are ready-made woven fabric garments with metal stays and are for chronic (not postoperative) conditions</li> <li>• <u>Not for "work only" situations.</u></li> <li>• <b>Does not include elastic garments.</b></li> <li>• Certified Fitter required.</li> <li>• <b>TOTAL QUANTITY FOR S206, S216 AND S221 MAY NOT EXCEED TWO GARMENTS PER 12 MONTHS.</b></li> </ul>	
S206	2/12 mo	<b><u>Dorso-Lumbar Support with Steel Stays</u></b>	\$131.93
S216	2/12 mo	<b><u>Lumbo-Sacral Support with Steel Stays</u></b>	\$120.24
S221	2/12 mo	<b><u>Sacroiliac Support with Metal Stays</u></b>	\$95.61
S231	2/12 mo	<b><u>Inguinal Hernia Support</u></b> Single <b>ready-made</b> hernia supports.	\$90.18
S232	2/12 mo	<b><u>Bilateral Inguinal Hernia Support</u></b>	\$113.56
S651	2/12 mo	<b><u>Abdominal Hernia Support</u></b>  The following must be clearly stated and/or attached to the 1250 forms or it will be returned: 1. Prescription verifying that the client's hernia is inoperable 2. Related diagnosis and clinical need for S651	\$123.58
S234	2/12 mo	<b><u>Obesity Abdominal Hernia Support</u></b>  1. Indicated for a client that requires a cupped section to accommodate a pendulous abdomen 2. Prescription verifying that the client's hernia is inoperable 3. Related diagnosis and clinical need for S651	\$263.19
S233	1/12 mo	<b><u>Fitting Fee:</u></b>  This fee may only be charged when an actual fitting is done by the Vendor's Certified Fitter.  If a garment is mailed out, <b>NO FITTING FEE</b> can be charged.  The fee is based on a 30 minute fitting.	\$30.00